

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Date:: 01/11/02  
Application Type:: REGULAR  
Subject Matter:: UTILITY  
CD-ROM or CD-R?:: NONE  
Title:: w-CARBOXYARYL SUBSTITUTED  
DIPHENYL UREAS AS RAF KINASE  
INHIBITORS  
Attorney Docket Number:: BAYER 25A

### INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Germany
Status::	FULL CAPACITY
Given Name::	Bernd
Family Name::	RIEDL
City of Residence::	Wuppertal
Country of Residence::	Germany
Street of Mailing Address::	Von der Goltz Strasse 7
City of Mailing Address::	Wuppertal
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	42329
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	France
Status::	FULL CAPACITY
Given Name::	Jacques
Family Name::	DUMAS
City of Residence::	Orange
State or Province of Residence::	Connecticut
Street of Mailing Address::	821 Beechwood Road
City of Mailing Address::	Orange
State or Province of Mailing Address::	Connecticut
Postal or Zip Code of Mailing Address::	06477
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	India
Status::	FULL CAPACITY
Given Name::	Uday
Family Name::	KHIRE

City of Residence:: Hamden  
State or Province of Residence:: Connecticut  
Street of Mailing Address:: 101 Tangelwood Drive  
City of Mailing Address:: Hamden  
State or Province of Mailing Address:: Connecticut  
Postal or Zip Code of Mailing Address:: 06518

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Canada  
Status:: FULL CAPACITY  
Given Name:: Timothy  
Middle Name:: B.  
Family Name:: LOWINGER  
City of Residence:: Nishinomiya City  
State or Province of Residence:: Hyogo  
Country of Residence:: Japan  
Street of Mailing Address:: #203, 5-7 Chitose-Cho  
City of Mailing Address:: Nishinomiya City  
State or Province of Mailing Address:: Hyogo  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 662-0046

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: United States  
Status:: FULL CAPACITY  
Given Name:: William  
Middle Name:: J.  
Family Name:: SCOTT  
City of Residence:: Guilford  
State or Province of Residence:: Connecticut  
Street of Mailing Address:: 210 Saddle Hill Drive  
City of Mailing Address:: Guilford  
State or Province of Mailing Address:: Connecticut  
Postal or Zip Code of Mailing Address:: 06437

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: CANADA  
Status:: FULL CAPACITY  
Given Name:: Roger  
Middle Name:: A.  
Family Name:: SMITH  
City of Residence:: Madison  
State or Province of Residence:: Connecticut  
Street of Mailing Address:: 65 Winterhill Road

City of Mailing Address::	Madison
State or Province of Mailing Address::	Connecticut
Postal or Zip Code of Mailing Address::	06443
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	United States
Status::	FULL CAPACITY
Given Name::	Jill
Middle Name::	E.
Family Name::	WOOD
City of Residence::	Hamden
State or Province of Residence::	Connecticut
Street of Mailing Address::	72 Pickwick Road
City of Mailing Address::	Hamden
State or Province of Mailing Address::	Connecticut
Postal or Zip Code of Mailing Address::	06517
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	United States
Status::	FULL CAPACITY
Given Name::	Mary-Katherine
Family Name::	MONAHAN
City of Residence::	Hamden
State or Province of Residence::	Connecticut
Street of Mailing Address::	134 Park Avenue
City of Mailing Address::	Hamden
State or Province of Mailing Address::	Connecticut
Postal or Zip Code of Mailing Address::	06517
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	United States
Status::	FULL CAPACITY
Given Name::	Reina
Family Name::	NATERO
City of Residence::	Hamden
State or Province of Residence::	Connecticut
Street of Mailing Address::	113 Edgecomb Street
City of Mailing Address::	Hamden
State or Province of Mailing Address::	Connecticut
Postal or Zip Code of Mailing Address::	06518
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	United States
Status::	FULL CAPACITY

Given Name:: Joel  
Family Name:: RENICK  
City of Residence:: Milford  
State or Province of Residence:: Connecticut  
Street of Mailing Address:: 11 Wall Street, #4  
City of Mailing Address:: Milford  
State or Province of Mailing Address:: Connecticut  
Postal or Zip Code of Mailing Address:: 06460

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: United States  
Status:: FULL CAPACITY  
Given Name:: Robert  
Middle Name:: N.  
Family Name:: SIBLEY  
City of Residence:: North Haven  
State or Province of Residence:: Connecticut  
Street of Mailing Address:: 1187 Mt. Carmel Avenue  
City of Mailing Address:: North Haven  
State or Province of Mailing Address:: Connecticut  
Postal or Zip Code of Mailing Address:: 06473

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	UNASSIGNED	01/12/01

#### ASSIGNMENT INFORMATION

Assignee Name:: BAYER CORPORATION  
Street of Mailing Address:: 100 Bayer Road  
City of Mailing Address:: Pittsburgh  
State or Province of Mailing Address:: Pennsylvania  
Postal or Zip Code of Mailing Address:: 15205